

STATE OF ALASKA

FRANK MURKOWSKI, GOVERNOR

DEPT. of HEALTH and SOCIAL SERVICES

DIVISION OF FINANCIAL MANAGEMENT SERVICES

P.O. BOX 110650
JUNEAU, AK 99811-0650
PHONE: (907) 465-3131
FAX: 465-3184

March 15, 2005



Denali Commission
510 L St. Suite 410
Anchorage, Alaska 99501

#22

RE: Grant Award ~~#A-2002-06~~
Alaska Rural Primary Health Care Needs Assessment-Phase II

Dear Sir:

Attached is the Financial Status Report on the Standard Form 269 for the above referenced grant award for period ending September 30, 2004.

If you have any question or require additional information, please feel free to contact me at the above address or telephone number.

Sincerely,

Michelle E. Grose, CPA

Michelle E. Grose
Finance Officer, CPA

Attachment: FSR

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Federal Co-Chair of Denali Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 0022 - DC-2001-14 AK Rural Primary Health Care Needs Assessment Phase II		OMB Approval No. 0348-0039	Page 1	of 1
pages						
3. Recipient Organization (Name and complete address, including ZIP code) STATE OF ALASKA, DEPARTMENT OF HEALTH & SOCIAL SERVICES P.O. BOX 110650 JUNEAU, AK 99811						
4. Employer Identification Number 1926001185A7	5. Recipient Account Number or Identifying Number 22194		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual		
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 02/01/01	To: (Month, Day, Year) 09/30/05	9. Period Covered by this Report From: (Month, Day, Year) 02/01/04		To: (Month, Day, Year) 09/30/04		
10. Transactions		I Previously Reported	II This Period	III Cumulative		
a. Total outlays		179,656	5,888	185,544		
b. Recipient share of outlays		0	0	0		
c. Federal share of outlays		179,656	5,888	185,544		
d. Total unliquidated obligations				0		
e. Recipient share of unliquidated obligations				0		
f. Federal share of unliquidated obligations				0		
g. Total Federal share (Sum of lines c and f)				185,544		
h. Total Federal funds authorized for this funding period				200,000		
i. Unobligated balance of Federal funds (Line h minus line g)				14,456		
11. Indirect Expense						
a. Type of Rate (Place "X" in appropriate box)						
<input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed						
b. Rate		c. Base		d. Total Amount		e. Federal Share
N/A						
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title Patricia A. Carr, Health Program Manager, Division of Public Health				Telephone (Area code, number and extension) (907) 465-8618		
Signature of Authorized Certifying Official 				Date Report Submitted 3/15/05		

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